PEDIATRIC

BASIC LIFE SUPPORT GUIDELINE

SEIZURE

1. Maintain proper C-spine immobilization if indication of trauma.

2. Airway/Ventilation Assessment and Support.
   - Position/Maintain airway
     - Possible trauma
       - Inline stabilization of C-spine
       - Jaw thrust maneuver
       - Nasal airway if indicated
     - No possible trauma
       - Jaw thrust or head tilt-chin lift
       - Nasal airway if indicated
   - Suction the patient's mouth and nasal airway as needed
   - Oxygen
     - NRB mask if seizing with appropriate flow
     - 2-4 LPM by cannula if postictal and stable. Increase as indicated. If using NRB mask, assure flow high enough to prevent reservoir completely emptying during inspiration
   - Recovery position as indicated

3. Assess and, if indicated, treat shock.

4. Perform general evaluation to include:
   - Number of seizures and duration of seizures
   - Consider possible causes: cva, head trauma, hypoxia, fever, hypoglycemia, alcohol or drug ingestion, electrolyte abnormality, or known seizure triggers
   - Obtain medical history
     - Recurrent seizure activity
     - Description of seizure activity; especially if onset witnessed
     - Presence of vomiting (aspiration risk)
     - Condition of patient when first found
     - Recent illness
     - Recent headache or stiff neck (possible meningitis)
     - Personal or family history of seizure
     - Any medications or potential toxins: take to hospital if not a Hazmat concern
     - Chronic illnesses (for example diabetes)

5. Protect the patient from self-injury.

6. Call for ALS tiered response if long transport, seizure activity has not ceased on arrival, patient unconscious, or otherwise indicated.

7. Transport with continuous evaluation, airway maintenance, aspiration precautions, and oxygen delivery.

8. Contact Medical Control for additional guidance.